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Bib Data Sheet

CONFIRMATION NO. 3225

SERIAL NUMBER 09/541,351	FILING DATE 03/31/2000 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 20060
APPLICANTS Francisco Jose Barreras SR., Miami, FL; Oscar Jimenez, Coral Gables, FL;				
** CONTINUING DATA ***** THIS APPLICATION IS A REI OF 08/690,968 08/01/1996 PAT 5,733,313 <i>ordered 8/6/02</i>				
** FOREIGN APPLICATIONS ***** <i>none</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/30/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Examiner's Signature</i> Initials		STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 31
INDEPENDENT CLAIMS 6				
ADDRESS THOMAS R. VIGIL WELSH & KATZ, LTD. 120 SOUTH RIVERSIDE PLAZA 22ND FLOOR CHICAGO ,IL 60606				
TITLE RF coupled, implantable medical device with rechargeable back-up power source				
FILING FEE RECEIVED 1108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 3225

SERIAL NUMBER 09/541,351	FILING DATE 03/31/2000 RULE	CLASS 607	GROUP ART UNIT 373162	ATTORNEY DOCKET NO. 20060	
APPLICANTS Francisco Jose Barreras SR., Miami, FL; Oscar Jimenez, Coral Gables, FL;					
** CONTINUING DATA ***** THIS APPLICATION IS A REI OF 08/690,968 08/01/1996 PAT 5,733,313					
** FOREIGN APPLICATIONS ***** <i>none</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/30/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>RA</i> Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 6
ADDRESS Mr Thomas R Vigil Vigil & Associates 836 South Northwest Highway Barrington ,IL 60010					
TITLE RF coupled, implantable medical device with rechargeable back-up power source					
FILING FEE RECEIVED 1108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		